



Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714
Ph 330-363-1410 Fax 330-363-2380

Infusion Order – Eculizumab (Soliris)

Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Diagnosis: _____ ICD-10: _____
Allergies: _____

Please check the appropriate diagnosis and treatment regimen:

- Atypical Hemolytic Uremic Syndrome (aHUS)**
 - Induction Regimen: Eculizumab 900mg in 0.9% NaCl IVPB over 35 minutes weekly for the first 4 weeks
 - Maintenance Regimen: Eculizumab 1200mg in 0.9% NaCl IVPB over 35 minutes every 2 weeks (beginning on week 5)

- Generalized Myasthenia Gravis (gMG)**
 - Induction Regimen: Eculizumab 900mg in 0.9% NaCl IVPB over 35 minutes weekly for the first 4 weeks
 - Maintenance Regimen: Eculizumab 1200mg in 0.9% NaCl IVPB over 35 minutes every 2 weeks (beginning on week 5)

- Paroxysmal Nocturnal Hemoglobinuria (PNH)**
 - Induction Regimen: Eculizumab 600mg in 0.9% NaCl IVPB over 35 minutes weekly for the first 4 weeks
 - Maintenance Regimen: Eculizumab 900mg in 0.9% NaCl IVPB over 35 minutes every 2 weeks (beginning on week 5)

Flush IV line with 30-50mL 0.9% NaCl following completion of eculizumab infusion

Flush IV line using 10mL 0.9% NaCl flushes for IV start and as required

Observe patient for at least 1hour following the completion of each infusion for possible infusion-related reactions

- Check here to omit 1 hour post infusion observation period as long as previous infusion well tolerated with no signs or symptoms of anaphylaxis, anaphylactoid reactions, and infusion related reactions

Duration of Order: 1 year (unless otherwise specified: _____)

For Anaphylactic reactions, check which therapies to be included (patients >40kg):

- **Epinephrine** 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.
- **Diphenhydramine** 50mg IV Push x 1 over 2 minutes
- **Sodium Chloride 0.9% 250mL** IV x 1 at 250mL/hour

Additional orders: _____

Physician Signature: _____ **Print:** _____

Date: _____ **Phone:** _____ **Fax:** _____